MAINE OCCUPATIONAL DISEASE SURVEILLANCE FORM

Please complete this form on all patients with a reportable occupational disease.
Return form to: Occupational Disease Surveillance Registry
Maine Bureau of Health
 # 11 SHS, Key Bank Plaza, 8th Floor.
Augusta, ME 04333
For any questions: (207) 287-5378 Fax: (207) 287-3981

CLINICIAN OR FACILITY
Name:_____
Address:_____
_____
Phone #_____
Contact Person:_____

PATIENT NAME (Last) (First) (Middle) (Maiden or aliases)

PATIENT'S ADDRESS AT DIAGNOSIS (Street, City, State, Zip Code) County

RACE (check one)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (Month, Day, Yr)	SEX (check one)
☐ Caucasian/White ☐ Black ☐ American Indian ☐ Asian ☐ Unknown ☐ Other_____		/ /	☐ 1 Male ☐ 2 Female

Does patient currently smoke? ☐ No ☐ Yes **If yes,** how many pack(s) a day?_____

Is there any reason we should not contact this patient directly? ☐ OK to contact patient

☐ Please do not contact the patient for the following reason(s):

PATIENT'S TELEPHONE NUMBER (including area code)

OCCUPATION	INDUSTRY
For fishers, please indicate the method of fishing employed, e.g. diving, trawling, digging, gillnetting, dredging, etc.	For fishers, please indicate the type of fish caught or harvested, e.g., scallops, lobster, haddock, etc.

NAME OF EMPLOYER and ADDRESS

TELEPHONE NUMBER OF EMPLOYER (including area code)

REPORTABLE DISEASE (please check) ☐ Diagnosed ☐ Suspected Date of Draw _____
Date of Service_____

Check all that apply.

☐ Agriculturally -related injury (includes farming, logging, and fishing) . **Please describe how injury occurred, and the physical findings of the injury.**

☐ Asbestosis
☐ Byssinosis
☐ Carpal Tunnel Syndrome
☐ Heavy Metal Poisoning ☐ Lead (level) _____ ☐ Mercury (level) _____ ☐ Arsenic (level) _____ ☐ Cadmium (level) _____
If Mercury of Arsenic did they get a fish consumption history _____
☐ Hypersensitivity Pneumonitis (caused by _____)
☐ Mesothelioma
☐ Occupational Asthma (caused by _____)
☐ Outbreaks (agent _____ _)
☐ Pesticide Poisoning (name of pesticide _____)
☐ Silicosis
☐ Solvent Toxicity (name of solvent _____)
☐ Toxic Gas Poisoning (name of gas_____)
☐ Other (please describe) _____

PLEASE CHECK ONE OF THE FOLLOWING: ☐ Work-Related ☐ Not Work-Related ☐ Suspect Work-Related ☐ Unknown

COMMENTS

FORM COMPLETED BY: **DATE:**

CONFIDENTIAL INFORMATION